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ABSTRACT

This report contains the findings of a 1982 survey conducted to examine existing programs for providing assistance to pregnant teenagers, young parents, and their children. The report is based on data collected through telephone interviews, site visits, personal consultations, and a review of the literature on teenage pregnancy. Sex by trial and error, lack of adequate information, rebellion, and mistakes are listed as major causes of early childbearing. Services needed by young mothers and their children are identified, including basic living skills; child care; health; academic education; counseling; recruitment and outreach programs; employment assistance; emergency help; social, recreational and personal growth; and follow-up. The effective delivery of services by programs designed to provide assistance to young mothers and to involve fathers in parental care is discussed. The report recommends: (1) improved recruitment of teenage parents in need of services; (2) upgraded organization of services to teen parents; (3) improved technical assistance to service providers at the national, state and local levels; (4) stepped-up measures aimed at delaying first births among teenagers; and (5) better evaluation of program models, and dissemination of evaluation results. (AOS)

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Too Little, Too Late:

Services for Teenage Parents

An examination of some major programs now operating in the United States to serve teenage parents and their children, including a look at the range and quality of available services and candid comments by service providers.

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A working paper from the Ford Foundation by Elizabeth A. McGee

Too Little, Too Late:
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425 October 1982

PREFACE

Problems of poverty and welfare dependence in households headed by women are among the current concerns of the Ford Foundation. Because teenage parenthood contributes substantially to these problems, the Foundation has begun to target more of its efforts both toward helping teenage mothers and fathers avoid long-term welfare dependence and toward the evaluation of strategies designed to prevent teen pregnancies.

After several years of working in the field, Foundation staff felt it would be useful to have a consultant survey existing programs that serve teen parents and their children and sketch in broad terms the range and quality of available services throughout the United States. Elizabeth A. McGee, an expert in the area of family planning and youth services, was retained as a consultant, and this is her report. We hope that it will be helpful to funders, planners, and service providers working with teen parents.

Susan V. Berresford, Vice President
Program Division
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FOREWORD

This report summarizes the findings of and makes recommendations based on a survey I conducted of existing program models for helping pregnant teens, young parents, and their children. The survey was conducted during the first four months of 1982 by means of phone interviews, site visits, personal consultations, and a review of relevant literature. Service providers, researchers, program developers, experts in the field, government and foundation staff, and teen parents contributed their views. The selection of the programs reviewed in depth was biased in favor of innovative approaches.

In researching and writing this report I enjoyed the indulgence and guidance of family, friends, and colleagues, for whose help I am grateful. I thank Jeffrey Newman, executive director of the National Child Labor Committee, and his staff for their support and practical assistance. The people I interviewed either personally or by phone were generous with their time and ideas. I hope this report in some measure repays them for their many kindnesses.

Teenage pregnancy and parenthood are complex and controversial subjects. How one evaluates available information about adolescent sexual activity, teens' service needs, and service delivery approaches depends a good deal on one's personal background, life experiences, occupation training, and values. As in most matters, there is no impartial standard by which to judge these issues. In this report, I have tried to present survey and research findings, experiences of service providers, and opinions of specialists in the field in a fair and balanced manner. Nevertheless, this report represents my own perspective and does not necessarily represent either the views of the Ford Foundation or of the individuals interviewed.

Elizabeth A. McGee
September 1982

TEENAGE PARENTHOOD

Teenage pregnancy is a serious social problem. A higher proportion of teens in the United States become mothers than in any other developed country except Poland. Most teenage mothers become pregnant outside of marriage, and today nearly all of them keep their babies. Early childbearing is associated with many problems for young parents and their families including, for some, a lifetime of poverty or welfare dependency and the likelihood that the next generation also will become adolescent parents.

Concern about these patterns has led to substantial new research into the effects of adolescent childbearing. While the long-term consequences of teen parenthood are not fully understood, the general consensus among specialists in the field is that early childbearing has adverse consequences for young people. Becoming a parent can promise a teenager much satisfaction: independence from family, a sense of being needed and loved, validation of an adult role. "As a young parent you can be someone--you know who you are," says one expert in the field. But early parenthood also presents many risks. In an industrial society, early childbearing disrupts a young person's life by interfering with normal preparation for adult living. While it is by no means inevitable that this will lead to more lasting problems, it is likely, especially if the teen is poor or younger than eighteen.

For the past three decades adolescent sexuality, pregnancy, and parenthood have attracted increasing national attention. While many

concerned people have focused on preventing teenage pregnancy, others have worked to reduce the individual and social costs of early childbearing. Service providers and policy makers have approached the problem of teenage parenthood from a wide variety of professional perspectives. Doctors and health workers have been concerned about medical consequences. Schools have been concerned about dropout rates among pregnant teenagers. Social workers have been concerned about illegitimacy and the problems of young-parent families. Family planning professionals have been concerned about the inconsistent use of contraception, the rapid repeat pregnancy rate among young mothers, and the increased reliance on abortion. Policy analysts have been concerned about the increasing use of public assistance by teen mothers.

The work of all these specialists and others has led to some success in improving the health consequences of births to young women, in changing attitudes about sexuality and contraception, in reducing the school dropout rate among pregnant teens, and in helping young mothers postpone the birth of a second child. The incidence of births to teens also has declined.

Nonetheless, the birth rate for teenagers is not declining rapidly. Furthermore, in the near future, the problems associated with teenage childbearing will probably be as severe as they are now. The present recession, coupled with reductions in social welfare budgets, may even cause young parents additional hardships as service providers struggle to maintain services and current levels of public benefits. "The resources we depended on," a program director remarks, "are disappearing."

Despite shrinking resources, many and diverse services are available for pregnant and parenting teens in every community. The impact of these services on young parents, however, is limited. Programs that provide comprehensive, intensive care for young parents serve a small number of clients and are simply too expensive to be replicated extensively. Few communities coordinate their programs to advise and assist teen parents in the appropriate and effective use of available resources. Nor is there adequate community planning to develop additional resources as needed or to strengthen existing ones.

We have yet to meet the challenge of providing effective help for pregnant teens, young parents, and their children. As a veteran in the field says, "We want quick, inexpensive, global solutions to problems that need careful, costly intervention."

Adolescence and Early Childbearing

In Western cultures the transition from childhood to adulthood is prolonged and roughly coincides with the teenage years. This time to prepare for adulthood begins with puberty and ends when the individual is nearly mature--physically, socially, and intellectually. The psychological work of adolescence is critical: a young person must sort out his or her sense of self, capabilities, values, and goals. Typically teens are self-absorbed and their behavior can fluctuate widely. As young people vacillate between dependence and independence, they sometimes act like adults and sometimes like children. For some teens adolescence is a time

of exciting changes, while for others it is relatively uneventful. For still others it is a period of confusion, of anxiety, and of intense emotional needs.

During adolescence, teens use many anchors to support themselves as they separate from their parents and begin living more independently. These anchors may include relationships with peers or adults they wish to emulate, a romantic attachment, a commitment to an ideal, or the pursuit of a goal. Parenthood may be another such anchor.

During adolescence, teens progress through a developmental sequence before finally reaching adulthood. There is considerable variation among teens in the pace with which this sequence unfolds, but most young people need nearly all of their teen years to finish growing up.

Girls and boys are socialized in different ways, and girls are generally taught to place value on physical attractiveness, marriage, family, and homemaking more than on professional achievement and economic independence. "Parents don't emphasize that girls will need to work," says one administrator. "Also, girls don't have as many extracurricular activities. They suffer from 'idle hands.' They occupy their time by focusing on bodies and boys."

Having a child can help many young women resolve, at least temporarily, typical adolescent struggles with identity and self-esteem. Young women who are poor, who come from a troubled family, who are less able intellectually, or who are having problems with school are more likely to choose parenthood than are young women not similarly situated.

Service providers variously describe their teenage mothers as loners, unloved kids, losers, kids looking for something to do that they can do well, people needing attention, youngsters trying to fill a vacuum in their lives.

Teenagers live very much in the here and now. Both immaturity and inexperience affect their thinking processes. One doctor who specializes in adolescent medicine uses the expression "teenage thinking." Teens tend to be less able than adults to assess accurately themselves and their environment, to plan ahead, to anticipate the consequences of their actions, and to develop realistic expectations. Wishful thinking is common. As a result, they often have an inflated sense of power. Although they may not have the financial, emotional, or family resources to care for a child, they confidently assume their ability to do so. "I can handle it" is a common refrain.

Working out a healthy sexual identity is often difficult for teens not only because of their emerging sense of self but also because of our culture's pervasive confusion about sex. In their sexual behavior, all teenagers are influenced by such changes in American life as:

-- the diminishing effectiveness of traditional sources of authority and the increasing power of the mass media, especially Madison Avenue's aggressive sexual sell;

-- a decline in the double standard of sexual behavior partly as a result of the sexual equality advocated by the women's movement;

-- the increasing availability of adult-free spaces including cars, apartments for young singles, homes left vacant by working parents.

American families and institutions have failed to help young people cope with these changes and learn how to make responsible sexual decisions.

Teens learn about sex through trial and error. They lack the information and skills needed to make decisions as rationally and responsibly as adults would wish. As adolescents, they are prone to risk-taking. Experimentation, rebellion, and mistakes are natural responses to the challenges inherent in preparing for sexual maturity. The danger is that in the process a teen will take an action with enduring unlooked-for consequences. Early childbearing is one such action.

Most young couples use contraception ineffectively when they use it at all. Studies consistently show that teens are ignorant about the risks of pregnancy and do not believe pregnancy can happen to them. In addition, teens are anxious about the possible side effects of contraception and are reluctant to treat sex as something to be planned ahead. They are inexperienced at arranging their own health care, they are novices at the communication and negotiation required in an intimate relationship, they worry about being seen getting medical services for family planning, and their self-consciousness about their bodies makes them reluctant to be examined medically or to touch themselves in the course of using certain contraceptive devices. The problems of obtaining and using contraception thus seem to many young people more immediate, and more overwhelming, than the problems of a possible unwanted pregnancy. For similar reasons, some young women who might otherwise end accidental pregnancies by abortion do not do so.

As teenagers underestimate the risks of unprotected intercourse, so they overestimate the benefits of childbearing. Young mothers often imagine babies to be quite different--more giving and less demanding--than in fact they are. Many young women have babies as a way of "undoing" their own childhoods; they are convinced that they can make life better for their child.

The young woman who decides to bear and raise a child risks never growing up properly. Teen mothers often must manage more than they are able to manage. They may find it hard to meet their own needs while responding to the needs of another developing person, especially when the baby does not fulfill their expectations. Most are not ready for the restrictions imposed by parenthood. Trying to live in a three-generational household, or independently, or with a man can be daunting. A new parent may find it difficult to finish school, acquire employment skills, or hold down a job. The stress of early parenthood can exacerbate the normal intergenerational conflicts of adolescence. To locate and navigate their way through the array of services available to them can confound young mothers. For poor teen parents the pervasive effects of poverty make the work of meeting basic living needs all-consuming. And, as if these challenges were not enough, many teen mothers soon experience a second pregnancy: 17.5 percent of teen mothers experience a second pregnancy within twelve months of their first birth. Despite the problems, having a child still seems worthwhile to many young people for whom the obligations incurred with parenthood are offset by the pleasures of rearing a child.

Patterns of Teenage Sexual Activity, Contraceptive Use, Pregnancy, and Childbearing

Surveys of American teenagers' sexual behavior conducted in the 1970s have documented a substantial change in the proportion of teenagers who have experienced sexual intercourse. By age nineteen, seven out of ten young women have had intercourse. For many young people, having a close, steady relationship with a person of the opposite sex naturally includes having intercourse.

On average, young women do not seek contraception services until nine months after beginning sex, by which time it is too late for more than half of them. In all, four out of every ten young women become pregnant during their teenage years.

While the pregnancy rate for teenagers is rising, the birth rate is declining. There were 1.1 million teen pregnancies in 1978. Nearly half--554,000--resulted in live births and 38 percent were aborted (12 percent ended in miscarriage). The majority of teen births occurred to young women eighteen and nineteen, but 40 percent occurred to women seventeen and younger. One fifth of all births to teens were second or higher-order births.

Typically an adolescent pregnancy is premarital and unintended. While marriage is frequently regarded as an ideal, many young parents see marriage in the foreseeable future as having little practical or moral value. This separation of marriage and motherhood has had a predictable result: fewer teens marry because of pregnancy and the out-of-wedlock pregnancy rate has been steadily rising for decades. Almost half of all

teen births occurred outside marriage, and another 20 percent of all teen births were conceived before marriage but delivered within marriage.

Over 90 percent of young mothers keep their babies. Service providers observe that today very few teens seriously consider giving their babies up for adoption.

Since birth rates are declining for every age group except young teens, a greater proportion of American children are now from young-parent families. In addition, half of all births outside marriage occur to teens.

Many national leaders are concerned about patterns of pregnancy and childbearing among black teens. Nearly a quarter of all black children are born to teen mothers. "We would not be too far wrong to guess that as many as half of all economically disadvantaged black women have a pregnancy before their twentieth birthday," says a prominent researcher in the field, Frank Furstenburg. Furthermore, half of all black children are born out of wedlock, and teens are responsible for a significant number of them.

It is not clear to what degree, if any, race or ethnicity influences sexual activity and the way pregnancies are resolved. Studies of racial differences in childbearing patterns rarely take social class into consideration. Nonetheless, differences between black and white teenagers, though diminishing, are still marked. Current research indicates that black teens have an earlier menarche and initiate sex at a younger age than white teens. By the age of nineteen, a higher proportion have experienced intercourse, pregnancy, and birth. Young black

women are less likely to marry because of pregnancy, so they are far more likely to bear babies outside marriage; 83 percent of births to black teens occur outside marriage, compared to 29 percent of births to white teens.

Because of higher rates of childbearing among teens there has been a good deal of discussion about the attitudes of black families towards early, out-of-wedlock childbearing. Service providers note that in their experience most parents, whatever their race or ethnic background, are disappointed by a pregnancy involving their son or daughter. Parents of teen parents who oppose abortion or whose children oppose abortion may be willing to accept and even welcome the birth of an unplanned grandchild, but this reaction is usually an adjustment, not a preference.

Consequences of Early Childbearing

Young mothers tend to experience poorer medical outcomes during pregnancy and delivery, larger family size and little family stability, inadequate education and vocational training, unemployment or intermittent employment in occupations with low wages and little mobility, and dependency on government services and support. The children of teenage parents tend to be less healthy, to be less adequate as parents, to achieve less academically, and to repeat their parents' patterns.

There is considerable controversy about how adolescent, unplanned pregnancy affects the lives of young parents. Some experts consider teenage parenthood an additional strain on young people who are

already vulnerable because of preexisting socioeconomic, family, and psychological problems. They argue that young women who become mothers are "different to begin with" and that this initial difference, coupled with the demands of parenthood, leads to the problems found to be associated with early childbearing. Others argue that whatever the background of the young mother, the social and economic limitations imposed by parenthood at a young age are in themselves a sufficient handicap to create a distinct set of problems.

It seems likely that both points of view are accurate. Many young parents, because of certain background characteristics, are predisposed to have greater difficulty becoming personally mature and economically self-sufficient. Early parenthood does lead to a constriction of opportunities that presents new and difficult problems for the young mother. As a result, many young parents have trouble acquiring the education, training, and experiences they need to perform adult roles. Also, a number of young mothers are frustrated, even overwhelmed, by the experience of parenthood. A social work administrator observes, "We see young mothers who expect to get, not give. When they don't get, they are disappointed--again--and angry about their continuing deprivation. Some become resigned and passive toward their future."

Early marriage confers few advantages to the teen parent. Marriage during the teen years--especially during the school-age years--means a greater likelihood of dropping out of school, of having a large family and an unstable marriage, of welfare dependency, and of being a single head of household for a prolonged period.

Whatever the negative consequences of early childbearing, many young people are able to cope successfully with the challenges. Fortunately, teen parents have many personal strengths to draw upon. Like most adolescents they are usually energetic, open to learning, flexible, and optimistic. Initially, at least, they tend to be proud of their babies and eager to do right by them. With support these parents can stabilize their lives and finish the psychological and practical work of preparing for adulthood while still providing for their children.

Many teen parents do derive both material and psychological support from their families and those who do are better able to minimize the disruption caused by early parenthood. However, since a disproportionate number of teen parents come from troubled families and since an accidental out-of-wedlock pregnancy presents at least a temporary crisis for most families, many teen parents need community services of one sort or another. One administrator of a school for pregnant and parenting teens summarizes her programs' achievements this way: "You see these kids balanced now. They didn't come in that way. We gave them a chance to put their lives back together again." Adolescent mothers who are isolated from both formal and informal networks of support are the most vulnerable to a variety of problems likely to affect their ability to take care of their children in an appropriate way.

Service Needs of Pregnant Teens, Young Parents, and Their Children

Pregnant and parenting teens vary considerably in their need for help. The kind of services that teen parents might need depends on their

gender, age, location, the age of their child or children, their psychological maturity and stability, the conditions of their family of origin, their marital and socioeconomic status, educational attainment, and ethnicity. The most needy parent is likely to be the young mother who is from a poor or AFDC family; from an immigrant family school-aged; isolated from a viable or supportive family; living on her own or in an unstable housing situation; in a tenuous relationship with the child's father; a low achiever in school; or a high school dropout. Since not all pregnant and parenting teens have the same service needs, there is general agreement that within any particular community a variety of service providers should offer a diverse but coordinated range of services with more than one point of entry into the service system.

Service providers, of course, have their own ideas about what teen parents need. In general, they observe that teens particularly need: acceptance and emotional support; practical, concrete assistance with food, housing, finances, childcare, and school; training as workers, parents, and contraceptors; role models; and activities to enhance self esteem.

Many programs stress the importance of each enrollee being followed by a personal counselor, a person whose role is variously described as "a friend in the system," "an advocate with other agencies," and "someone who provides handholding and pathmaking."

A number of service providers indicate that the problems of parenthood and adolescence are less difficult to work with than the problems of poverty, especially when a teen's poverty is compounded by a

troubled family of origin. In their experience it is the teen from a poor, multiproblem family who has the most complex and demanding service needs. Generally, service providers see themselves as most successful with "the cream," those who are most motivated and least deprived socially and psychologically. One veteran in the field observes: "We may not be able to help those for whom the well is too deep."

Some service providers emphasize that services for teen parents ought to take the young couple and their baby as the client so that the needs of the baby are not overlooked or considered less important than those of the parents. Other service providers stress the offering of services to the entire family unit--three generations--to help them with the adjustment to the teen's parenthood. They believe their work with young parents should help maintain and improve the family support system, since young parents customarily turn to their parents first for assistance.

When interviewed by researchers, young parents express needs for financial resources, child care, housing, transportation, education, job assistance, and socializing. Significantly, teenage mothers who are working express fewer unmet needs than teenage mothers who are not working. Parents in one study were particularly concerned about obtaining concrete help with basic living needs, but they also indicated a need for changes in service delivery patterns and procedures. They wanted:

-- immediate assistance without a long waiting period after the initial request for help;

-- services provided over a longer period of time;

-- a family care approach: they felt services are fragmented and designed for the convenience of professionals;

-- service providers who were more understanding, who neither expect them to know everything nor treat them as children;

-- help during the post-pregnancy period in locating and making the transition to services for parents.

Some service providers mention differences in outlook between young parents and themselves. These differences are among the subjects discussed in the next section of this report.

SERVICE DELIVERY PATTERNS

In New York City alone, it is estimated, nearly two hundred programs provide assistance of some sort for pregnant and parenting teens. Throughout the United States a large variety of public and private institutions offer services: institutions with comprehensive, multidisciplinary programs, institutions in which a single service orientation predominates, or, as is most common, institutions that provide some services themselves and link with other community resources to provide others.

In most communities a traditional institution serves as a sponsor/base from which services are offered. The majority of services are provided by the usual health, education, and welfare institutions that serve youth or mothers and children; this can be a hospital or health clinic, a school, or a youth service agency. In some communities an alternative institution such as a school, an adolescent center, a patient center, or a self-help group serves as the sponsor and base.

Whether they offer services for the general population or special services for clients with particular needs, many agencies see pregnant and parenting teens as part of their routine client population. A smaller but significant number of agencies offer pregnant and parenting teens special assistance. Most of these programs, however, serve a small number of clients. Even if they do not provide special or separate services for teens, a considerable number of human service organizations report that they have reviewed their services in light of

the needs of teen parents.

Increasingly, institutions describe themselves as providing comprehensive care. While there is no standard definition of comprehensive care, comprehensive programs generally offer a range of services including educational, counseling, social, and medical services either through pregnancy or through the first year or two of parenthood.

Since most institutions cannot give comprehensive care in one site, some rely on a coordinated service approach using the resources of several agencies to strengthen services. Often this system of referral is rather makeshift and so is dependent on the knowledge, expertise, and commitment of individual staff members. Most communities do not coordinate their services for pregnant and parenting teens. Increasingly, however, a lead or anchor agency develops a more formal system of linking through interagency agreements or through coalitions of providers and agency groups.

Types of Service

Most communities offer some or all of the following services through a broad range of human service organizations in diverse settings. The content and service delivery methods for each of these services vary considerably and affect their appeal and efficacy.

-- Health services: pregnancy testing, pre- and post-natal care, pediatric care, family planning (contraception and abortion), home health care, health education (nutrition, family health, first aid, and sex education)

-- Services for children: child care, assistance with parenting, health services, adoption, foster care

-- Basic living needs: food, clothing, income maintenance, housing, WIC (food supplements for women, infants, and children)

-- Life skills training: homemaking, consumer education, budgeting, assertiveness training for independent living

-- Academic education: including remedial education

-- Counseling: information, emotional support, intervention for individuals, couples, families, or groups, psychiatric treatment

-- Advocacy: a staff member or volunteer who provides practical and psychological support

-- Employment assistance: preparation for and help with finding and keeping a job, including skill training

-- Emergency help: crisis intervention, shelter, legal assistance

-- Self-help groups

-- Social, recreational, and personal growth activities: informal gatherings, organized events, field trips

-- Recruitment and outreach: public service announcements, use of other media, hotlines, teen theater groups, transportation, rap groups, drop-in centers

-- Follow-up

Many service providers contend that concrete, basic services such as education, health care, and food stamps must be used by service institutions to attract teens to a program that offers other useful but less appealing services.

Service Orientation

Some service providers believe that their approaches to service delivery are shaped by their values or philosophy of care. A hospital program describes itself as providing "anticipatory guidance" in which a client is prepared to commit herself to long-term preventive care. A welfare department program organizes its assistance around the child's wellbeing and each program participant must demonstrate appropriate parenting skills. A multi-service youth center is concerned with holistic care. A family support center offers "the ready-when-you-are atmosphere of a drop-in center with regularly scheduled activities covering a wide range of personal/parental needs." Several staff members of a national Protestant organization described the conflict they feel between trying to meet their client's immediate subsistence needs and addressing the moral context in which the client is making decisions. One foundation provides grants to projects that will offer a "community of caring." The director of a teen parent program affiliated with a Catholic hospital says, "We want to help these young people make and maintain meaningful relationships; we feel this point of view is neglected."

Service providers disagree about the capabilities of young people, and this clearly influences the way programs are designed. One grass-roots program describes itself as wanting "to put power and responsibility into the hands of young people." A self-help group for black, single women was founded on the belief that there is "a lot of creativity and energy among women raising their families alone to do positive things and make changes themselves." One of the program's

originators says, "Telling a girl 'I'm going to help you change your life' is patronizing and a turn-off." On the other hand, the administrators of a county program for adolescent parents believe that these parents are truly children. "We have operated far too long," says the program director, "under the misguided assumption that adolescents who parent are basically capable individuals who, if provided enough services, will ultimately function adequately."

Some service providers believe their programs are affected by their ambivalence towards teen parents. Says a program planner, "I am torn between my sympathy for the environmental damage done to these youngsters and my sense that everyone has to take responsibility for his or her own life." Other staff members speak of their sense of being caught between their natural empathy for young parents and their anger about the preventable nature of the problem. Sometimes this anger is directed at the young person; in the face of limited resources for people at risk or in need, it is tempting to blame young parents, especially young mothers, for their problems. Also, adolescents can be extraordinarily aggravating. A number of service providers thus emphasize the critical role of staff support--in-service training, for example--to allow staff time to air frustrations and regain perspective.

Some staff echo the uneasiness many feel about the impact of services on teen parents. "Kids get fantasies about using foster care and welfare and they don't see the long-term consequences, the difficulties, the damage," says a program director. "If their mothers are on welfare they say, 'I'll manage better.'" While most service

providers want to provide quality care, some express anxiety that making services "too good" will be an incentive for pregnancy or childbearing. A former staff member of a southern family planning service comments on this issue: "If people think kids get pregnant to get services then their logic is flawed, because they presuppose a cause-and-effect relationship that doesn't exist. Research shows that young women don't plan their pregnancies and those who have babies mostly use their families for help. Probably many young women do have a child to get attention, but not the attention of social agencies! There are more compelling reasons for having a baby. It is quite likely, though, that some teens imagine they'll be taken care of if they have a baby, so maybe welfare and special programs encourage some girls to continue a pregnancy. But if this is true, then these girls really need help for other reasons. To withhold services or limit their quality penalizes the young mother and, more tragically, her child."

Other service providers believe that the problem is not incentives for childbearing but the lack of incentives for delaying a child. A consumer advocate in this field says, "If the teen mothers we see had more options, they wouldn't have babies." One researcher speculates that it is the absence of competing sources of motivation that encourages early childbearing. Another researcher notes, "We have to provide rewards for young women who don't have babies--especially for young mothers who don't have a second child."

Service Goals

Most service providers hope their efforts will have the sustained effect

of helping the young parent attain personal maturity, economic self-sufficiency, and adequate parenting skills. Says a social worker, "We want to help parents cope and continue toward a place in the mainstream of American life." Service providers frequently speak of client goals, service goals, and agency goals.

Client goals are often expressed in terms of desired behavior. Many service providers specify that they want their assistance to enable the teen to:

-- have a healthy labor, delivery, and infant;

-- establish a strong, positive bond with her child and develop the ability to nurture the child appropriately;

-- finish her education;

-- postpone another child;

-- obtain support from parents, partners, and peers;

-- utilize community resources appropriately;

-- train for employment and secure a satisfying job with possibilities for advancement;

-- complete the psychological work of growing up.

As for service goals, many service providers indicate they want to provide services that are:

-- offered in a manner that is accessible, attractive, and appropriate for the specific sub-population of teen parents they are meant to serve;

-- of high quality;

-- staffed by persons who work well with teens;

-- of sufficient frequency and duration to give the teen time to make and maintain changes in her life;

-- reinforced by and coordinated with other services the client needs;

-- provided in a way that does not make the teen dependent on support services indefinitely;

-- emphasizing certain values such as self-respect, personal responsibility, and concern for others.

The following agency goals are common:

-- Improved methods for identifying, engaging, and following pregnant and parenting teens;

-- Staff support;

-- Religious or spiritual guidance;

-- Professional or public education about problems associated with adolescent sexuality;

-- Support for preventive strategies;

-- Cooperation with other service providers.

Of course few agencies can meet all these goals. Resources, especially staff time, are generally limited. Bureaucratic problems may arise when one agency tries to draw upon the resources of a separate service institution. Staff members may lack expertise and sometimes perspective. Like all human beings, adolescents will not be programmed, even by well-intentioned helpers.

Since these service goals are rather ambitious and since teen parents are likely to be a needy group of adolescents even before they become parents, it is not surprising to find many service providers emphasizing that their staffs often feel overwhelmed. Many service providers thus observe that caring for staff is as important as caring for teen clients.

Many service providers are aware that their goals for clients sometimes do not mesh well with teens' interests. Teens are frequently drawn to services that provide support, the promise of certain desirable achievements (such as obtaining a high school degree), or a place to hang out. In some instances program operators have found it difficult to wean teens from preparatory and enabling services designed to attract and support teens so they can take advantage of services that contribute more directly to personal and economic independence.

Service Priorities

A number of service providers report problems with identifying and maintaining priorities for themselves and for their clients. Three examples:

-- A number of service providers, particularly those serving economically or emotionally deprived teens, report feeling so involved in clients' day-to-day needs that they periodically lose sight of larger goals.

-- Service providers report conflicts between their belief that the client should determine how to proceed and their strong sense about what a teen parent ought to do to become self-sufficient. One program director, for example, reports that she feels her project wasted valuable time with the first group of enrollees by maintaining a fairly neutral stance about birth control. Now she says her staff is much more aggressive about promoting a delay of the birth of a second child.

-- Program staff that try to provide comprehensive care by linking a number of separate services often find that each institution pursues its own priorities more conscientiously than others.

Service Methods

Program operators everywhere are experimenting with innovations in service design, implementation, and delivery because of concern about problems associated with teenage parenthood, quality of care, and criticism of services. They are focusing on procedures and techniques that will increase service accessibility and appeal, enhance the ability of staff to engage teen parents in consistent and appropriate service use, and strengthen service impact. Issues service providers are working on include:

-- better defining the target population;

-- eligibility requirements including costs to the client;

-- service site;

-- service components;

-- institutional atmosphere;

-- staff characteristics (including age, gender, race or ethnic group, dress, occupational training, and attitudes) and suitability as role models;

-- values promoted, reinforced, or neglected by the program;

-- intake policies and procedures;

-- scheduling of services: hours and frequency of service and dovetailing of service components;

-- time and pacing of interventions;

-- standards for quality of care and duration of clients' service use;

-- educational methodologies (including groups, peer counseling, field trips, volunteer work) and materials (including curricula, brochures and books, posters, flyers, and advertising);

-- client monitoring and support through use of case manager approach, personal counselors, service contracts, follow-up care, and home visits;

-- issues in the service process such as fostering self-help, demystifying professional roles, and involving young people in service design and delivery (sometimes called youth empowerment);

-- transportation;

-- recordkeeping and education;

-- coordination among service providers;

-- community legitimacy and support.

Many new programming ideas are being tried by service institutions all over the country. Here are some examples.

To increase service accessibility:

-- Our Place (Evanston, Illinois), a drop-in center for teens and especially teen parents, is run by a family support program called Family Focus. Our Place is located near the high school in the heart of the prime service area;

-- the clinic (Houston, Texas), a primary health care facility for adolescents, is located on the grounds of an alternative high school that also has a child-care center for young parents;

-- The Door (Manhattan, New York), a holistic, multiservice center for young people, is open in the late afternoon and evening to make service use more convenient.

To promote self-help:

-- Aunt Martha's Youth Service Center (Park Forest, Illinois) is developing a babysitting cooperative for young parents;

-- The Sisterhood of Black Single Mothers (Bedford-Stuyvesant, New York City) has organized a network of private homes for temporary placement of young mothers in need of housing.

To strengthen outreach:

-- Teen Theater groups based on the Family Life Theater of Metropolitan Hospital, New York City, are performing plays in youth-serving agencies about sex, relationships, and pregnancy;

-- The "We Keep Our Mouth Shut" education campaign, developed by the North Manhattan Coalition for Adolescent Health, has used posters in such places as buses to advertise teen health services;

-- The New York City Board of Education, in conjunction with the Work Incentive Program, runs an on-site child-care program for teen mothers at three centers for dropouts;

-- The Young Adult Clinic, Columbia-Presbyterian Medical Center, New York City, provides prenatal care for every woman nineteen or younger who comes to the hospital for pregnancy services; when a patient misses an appointment she is called or sent a notice and if a second appointment is missed an outreach worker makes a home visit.

To assist with professional education:

-- The Child Welfare League of America publishes "The CWLA/Crittendon Reporter on School-Aged Parenting" to provide information about the latest developments in the field;

-- The New Futures School (Albuquerque, New Mexico) distributes a book entitled Working with Childbearing Adolescents;

-- The California Alliance Concerned with School Aged Parents (CACSAP) holds an annual conference and publishes a regular newsletter to promote the exchange of program information;

-- The University of Cincinnati's Department of Pediatrics offers training in "implementing an infant stimulation/parent support program" that has been utilized by many programs trying to encourage better teen parent-child bonding;

-- The United Church of Christ's Board for Homeland Ministries has published a study action guide,

"Teenage Pregnancy: A Challenge to Do Right by Each Other."

To improve the teaching of information needed by pregnant and parenting teen:

-- Salvation Army centers across the United States use their "Tender Loving Care" curriculum to help young parents learn about children, and their "Bridging the Gap" program to teach life skills;

-- Planned Parenthood Federation of America distributes Caring for Two, a pregnancy resource book for teen mothers;

-- A cooperative project of Future Homemakers of America and The National March of Dimes, "Healthy Babies: Chance or Choice," is a model peer-education program;

-- The Caring Connection (Racine, Wisconsin) trains mothers as volunteer visitors to work with new teen mothers in the hospital;

-- The MELD Program (Minnesota Early Learning Design) (Minneapolis, Minnesota), "a peer, self-help approach to parent education," sells a program to service providers that includes a curriculum, staff training, and ongoing technical assistance; a version of the program for young mothers is now being tested in six sites in cooperation with the Child Welfare League of America.

To help teen use services more consistently and appropriately:

-- Project Redirection (at four sites nationally) uses a community woman--a "paid volunteer"--to nurture and guide each program enrollee and a service contract called an Individual Participation Plan to help the program participant identify and pursue her personal and program goals;

-- Youth Action (East Harlem, New York City) involves young people in service design and delivery;

-- The Access Program (Worcester, Massachusetts) provides crisis help through pregnancy and the first three months postpartum and then follows teen mothers by phone contact every three months until

the child is three years old.

Typical and Model Programs or Services

Many experts in the field feel that no youth-serving institution has better access to young people than school: "Kids in school are a captive audience," says one program planner in Texas. All service providers see finishing high school as critical to a young parent's future well-being, a view that research confirms. "After they become mothers," one New York City program director insists, "our first priority has got to be to keep them in school and provide them with assistance--child care, parenting education, transportation--so they can do this and still meet their parental responsibilities."

Many school districts are reluctant to get involved with special services to pregnant and parenting teens both because of limited resources and because they do not believe adolescent childbearing should be the concern of schools. On the other hand, one activist persuaded the school superintendent in her community to back special services by telling him, "In five years the children of these young parents will be in your schools. You have got to do something now or many of these children and their parents will be problems for you later." And a child-development specialist argues, "The school system is meant to prepare competent citizens for a democratic society regardless of their economic ability, so young parents who want to go to school but can't afford quality child care should be provided it at school."

The school setting has been the focus of intense effort for

innovations in service delivery over the past fifteen years. Hundreds of programs throughout the United States now serve school-aged mothers in conventional or alternative schools. In Michigan alone, the Interagency Committee for Services to High Risk Children and Their Families reports, more than sixty school districts have established educational programs for pregnant students in the past decade. Generally, school programs serve only pregnant teens. A few include young fathers or parenting teens or offer special programs for the extended family.

There is considerable disagreement about the merits of separate school programs versus "mainstreaming" pregnant and parenting teens and providing specialized school work. "Many communities cannot afford both," a program planner says, "but if they can, I say let the young person choose." His view is supported by other programs' staffs, who feel a variety of educational alternatives to be preferable. One administrator adds, "Girls who are more able academically and emotionally stay in the mainstream, but for others night classes or less conventional daytime programs are important."

Most school-based programs provide counseling, social services, and an assortment of educational classes including academic preparation for a high school diploma or General Education Degree (GED), child development, family health, vocational education, and life skills training. Some schools offer evening as well as daytime classes. A small but significant number offer child care on the premises as a learning lab for young parents and as a way of helping the new parent continue with his or her studies. Typically these child-care facilities

serve a small number of infants and children. A few schools provide primary health-care clinics on the school grounds. Some alternative education programs offer vocational-exploration sequences, often with paid work experience. A number of cities have special learning centers for dropouts, many of whom are teen parents, to ease their return to school.

The quality of these programs is uneven. The academic component is frequently less demanding than in regular schools. Some of the nonacademic classes are, as one program administrator in Massachusetts admits, "rather fuzzy in concept"; she cites parenting classes as being especially weak. Linking with community resources could be better: "Public schools like to have control," a program director says. "They need to allow community agencies to help young parents on school grounds."

Most school programs serve only a small percentage of the eligible population. Since most school districts are unable adequately to identify or track dropouts who become pregnant or girls who become pregnant and then drop out, outreach is rather hit-or-miss.

Although it is illegal to exclude pregnant or parenting teens from school, many young parents fail to return to school because of problems with school regulations, child care, transportation, staff attitudes, or a lack of support at home. "They told me I could come back to school," one young mother interviewed says, "but they didn't want me to talk about my pregnancy or my baby!"

As with many programs that try to meet a number of client needs, staff in school programs often are aware of the limitations of their

professional training. The director of a program in a regular California high school says, "We need a full-time nurse-counselor. We are teachers and trained as such. We can't do what we want to do as well as we should."

The program of a teen parent alternative school in Michigan is a particularly fine example of school services. The program is located in a former elementary school that also houses a family resource center and a preschool, both of which serve the surrounding community. The school provides transportation and attracts about one-third of the school-aged mothers in the district plus a small number of fathers; in a year, this is about a hundred students, although only half of these students are in attendance at any one time. The program includes academic education, counseling, social services, classes in parenting, in family health, in career development, and in job preparation, health care by cooperating agencies, subsidized work experience for Comprehensive Employment and Training Act (CETA) eligible students, and child care in a infant-toddler center that also serves out-of-school, employed teenagers. Special evening programs for young couples or grandparents are offered each month. The staff is small and does a lot of team teaching and collective program development. The director says, "We're big on work--in everything we do we try to work in career consciousness."

Health Institution Programs

Many health workers feel they have a critical role to perform in service delivery to young mothers and mothers-to-be because sooner or later every

young mother must use their services. In fact, a large number of service providers note the underutilization of medical services as a source for recruiting adolescent mothers for additional help.

A consultant in adolescent medicine reports that a study done of utilization patterns in the large multiservice center for adolescents in which she worked found that for their first visit to the center a majority of teens were seeking assistance with family-planning or other health services. She observes, "I think this shows that we ought to bring other services to a center that has a good record of attracting young people." Many of the innovative health programs are doing just that.

On the other hand, some medical professionals feel that in the institutions in which they work they have only enough resources to do what they are trained to do: work for positive medical outcomes. They are willing to use social workers to provide for psychosocial needs, but they feel they cannot address other patient problems except by referral to community agencies.

Most hospitals, clinics, and health agencies serving mothers and children see teen mothers and their children as part of their general patient population. A large number of medical institutions have developed special programs for teen mothers. Some have been established within a standard service such as the department of pediatrics or the maternal- and infant-care clinic. Others represent collaborative efforts among a number of medical and health specialities. Some hospitals allow volunteers to work with adolescent mothers following delivery, to promote

bonding. Some health agencies--a Visiting Nurse Association in a large eastern city, for instance--have not had the resources for special programs but have tried to improve staff competency in working with teen mothers through inservice training.

Staff in health institutions are acutely aware of the limitations on their help for young mothers. In no other institutions are staff or clients more burdened by the impact of professional specialization. To obtain adequate health care for herself and her child, a teen mother may need to consult a pediatrician, a family-planning nurse-practitioner, a nutritionist, a social worker, a contraception counselor, and/or an internist. She will probably have to arrange several appointments in different places, at different times, during hours that conflict with work or school. The possibilities for getting "lost in the referral process," as one staff member calls it, are endless.

The exemplary programs try to organize services in one location at convenient hours, with additional services (such as employment assistance or an infant-and-mother group) provided on-site. Many are experimenting with ways to involve fathers more in prenatal care and parenting classes. Most provide intensive counseling and social-service assistance. Some try to follow the young mother for one to three years. An increasing number of programs are actively promoting the delay of second births.

Here are two innovative approaches:

-- <u>A hospital program on the east coast</u>

The Adolescent Ambulatory Services division of the Department of Pediatrics runs a mother-child group

staffed by members of the adolescent division--doctors, social workers, nurses, childlife workers--and volunteers. The group meets each week from 9:30 a.m. to noon in a cheerful, child-oriented room. Snacks and beverages are available. About forty-five families are accepted for the group. A family can stay in the group until the child is two. Each week about fifteen young parents attend with their children. Most of the group members are young mothers. All of the young parents are patients in the adolescent clinic. Each week there is a topic for discussion; this formal gathering of the group lasts from thirty to forty-five minutes. The medical director of the clinic says, "These groups only work if they are small. These mothers need attention. If they had had such attention they might not have had a baby so early in their lives." A childlife worker adds, "We try to emphasize the positive; these kids always hear the negative." Another childlife worker says, "We try to help them learn the system and develop patience. These mothers have a very low tolerance for frustration. I overheard a mother today say, 'I want it now, I want it today.'" A nurse adds, "We are aggressive about family planning. These are high-risk adolescents. They never get out from under after having two children close together while they are still teens."

-- A group for young mothers organized at a major medical center

A young pediatrician saw that a number of her fellow doctors were trying unsuccessfully to start groups in which young mothers could talk about feelings. She felt this focus was too threatening. "This approach is too psychologically oriented for these youngsters. A group needs to be fun and practical." She thought to herself, What do young women need and want? Jobs! So she advertised in the community, "Interested in Health Career Training?" Twelve young women showed up and seven continued as a group for a year. The weekly group sessions were structured around a topic or speaker. During this time "feelings came out informally." The young women received training to be peer educators and after a term were placed in part-time jobs, some as volunteers, some with pay. Help with child care was arranged. At the end of the group, all of the women received parchment diplomas.

"These kids need rewards." The doctor who originated and led this group feels a similar approach ought to be institutionalized. "These mothers want time off from their kids; they want training and experiences that can serve as stepping stones to full-time jobs that they value. Teen mothers need to learn how to suffer to get ahead, how to dress appropriately, how to make and keep commitments to work."

Vocational Education and Employment Programs

A number of traditional youth-serving institutions provide vocational preparation focusing on career awareness, orientation to the world of work, and work experience. In addition, youth employment agencies and local departments of employment provide job skills training or job placement services. Within these programs, however, serving teen parents is rarely a priority. And staff report that teen parents have trouble using their services because of problems with child care, transportation, home support, and academic skills.

Recently a few experimental programs funded by the Comprehensive Employment and Training Act (CETA) have focused on helping pregnant or parenting teens--for example, the U.S. Department of Labor's Solo Parents Projects, Youthwork's programs for vocationally high-risk youth, and New York City's Summer Youth Employment Program for pregnant adolescents, operated by the YWCA. These programs tend to offer a subsidized work experience in conjunction with other education and support services.

Most teen-parent programs report difficulty with providing employment help because of inexperience and isolation from traditional youth-employment information networks. One program director says, "We are philosophically committed to this, but practically we do little

besides referral. We don't have the resources or the knowledge." Also, a program administrator notes, "Our kids are continually in crisis. We are swamped with meeting basic living needs. Employment assistance always seems like something we have to put off till tomorrow."

Some teen-parent programs use community resources for employment, with mixed success. Many employment programs have closed or greatly reduced their services because of cuts in funding, and most youth employment programs cannot tailor their services for their teen-parent clients.

There are also many reasons why teen parents have trouble using employment assistance. A number of service providers, for example, comment on the lack of work readiness among their teen-parent population:

-- "Many young mothers are strongly motivated to work but not very realistic about it. They go for glamor, not substance."

-- "These young parents are more likely to be misfits or motivated but lacking in basic academic skills, so they need remedial education and prevocational training first."

-- "Many of these parents have an attitude: 'Give me, I'm entitled.'"

-- "These kids don't see themselves as workers even if they have had some work experience in the summer or after school."

-- "Our girls don't respond to employment help till about six months postpartum."

The coordinator of a youth-employment program in an alternative youth-service center in the Midwest elaborates on the problems teen parents have with working. "About half of our employment services go to teen parents, but they don't do nearly as well. They want to work, they

need money, and they want to live independently but they are unskilled so they take lousy jobs and then they are easily disillusioned. Many of the mothers are on public assistance and they won't stay in jobs because they see that for all their work they are not doing better than when they get welfare. Young fathers see that they can't compete with public assistance. With all our teen parents we are constantly having problems with child care, transportation, and work schedules." Another teen-parent employment program director adds, "The young parents we see often have no network to support their working; too many come from families where adults are not working."

Two comments by administrators of youth employment programs sum up the conflicting views service providers hold of teen mothers as workers:

-- "Even this special program can't convince many of these mothers that employment is important. They look to welfare, boyfriends, their mothers."

-- "The kids we see want to work. They have found that motherhood is not fun and welfare isn't easy."

A number of service providers note a lack of "career sense" among the teen mothers. They note that many young women are still brought up to think of work outside the home as temporary, something to do for "extra" money. An employment counselor adds, "Teens who have goals for themselves as workers usually focus on traditional female employment. Health and secretarial jobs are particularly popular."

Many service providers stress the idea that young parents often cannot find work or cannot afford to work.

-- "The mothers we see definitely want to work. If

taking a job meant losing only welfare and food stamps, they'd take it, but if it also means losing Medicaid they just can't do it."

-- "Our young people are desperate to work--but there are no jobs."

A number of small, excellent teen-parent programs have made vocational assistance a high priority. Typically, they provide job readiness education and job placements, often with stipends, GED preparation or assistance with finishing a regular high school program, and personal support. Some serve both mothers and fathers. Most offer additional services. One program director concludes, "We found that as the young parents increased their self-confidence they could work; they were more and more motivated to do so." A specialist in youth employment adds, "The best place to learn about work is at work."

Child Care

Almost universally, service providers want to increase the child-care options of young parents. Studies confirm that young mothers who use child-care resources in their family or in their community are more likely to finish high school or get a job and that some child-care assistance has a positive effect on the mother-child relationship. Yet perhaps no service is as controversial as child care. Some service providers think it is unrealistic to expect young mothers to return quickly to school, work, or job training. A counselor says, "Motherhood is an adjustment for a woman of any age.". Many of those interviewed say they wonder if they are right to encourage reliance on infant care, because they find that young mothers often do not understand the critical role of

bonding in a child's development. On the other hand, some professionals believe younger teens to be so inadequate as mothers that enriched, high-quality child-care services must be made available to them. A child-care worker who supports this view says, "Some teens are simply too needy to be mothers. Their children have developmental lags from inadequate stimulation and socialization and they need continuity and stability." Other experts emphasize the need for child-development courses, parenting instruction, and intensive personal support.

Many service providers are doubtful that high-quality infant care can be provided unless the cost is very high. Others note that many young women prefer family, neighbors, or friends as alternative care-givers. Still others report that young mothers have trouble using child-care services consistently and appropriately. A day-care teacher says, "Some of these young mothers who use day care are not involved in long-term planning for themselves. They are selfish and concerned with 'getting over.' They just want to be free to hang out."

There is a shortage of organized child-care services. While most teens use people in their home environment or someone in a family day-care system, many teens indicate that they have problems with child care and would like assistance. Although many programs offering on-site child care feel this service is very successful, a number of service providers report that teens are inconsistent in their use of day care. For example, an innovative WIN-sponsored child-care program in New York City located at an education center for dropouts is underutilized. The director of one of the child-care centers says, "These mothers--dropouts

who are bottom-of-the-barrel kids--can't use a center such as ours unless we provide them with emotional support and guidance. They don't understand their responsibilities as mothers. They see themselves as saddled with a kid. They need help from someone--not a social worker; that's a dirty word to them--who can serve as a role model, who can assist them in setting priorities, and who can diffuse family problems."

To assist teen mothers with using child care appropriately, one project requires that young mothers attend a weekly group meeting to discuss child development. To better address the special needs of teen mothers, a community coalition of health and social agencies in Boston called the Alliance for Young Families is organizing a Teen Parent Family Support Project using a "coordinated case-management approach" to provide neighborhood-based family child-care and other services for approximately one hundred teen parents and their families.

Public Support

For teenaged women who are single and who have not yet developed a capacity to support themselves financially, the birth of a first child can force them to seek public assistance. A disproportionate number of women receiving AFDC and other public services are teen mothers or women who had their first child as a teenager. "Half of AFDC payments made in 1975," Kristin Moore, a prominent researcher notes, "were made to households of which at least one member had given birth to a child at age nineteen or less."

Standards differ from state to state about when, during a

medically verified pregnancy, a teenager can begin collecting financial assistance including food stamps, Medicaid, and WIC, and about when she can establish her own household. In New York City, for example, a teenager can start AFDC during her fourth month of pregnancy and she is eligible for her own household after age sixteen.

There is widespread concern about the effects of welfare policies. Some speculate that the existence of welfare encourages teens to decide to rear a child out of wedlock. A social work administrator observes, "The system says, 'Keep the baby and we will take care of you.' Teens <u>are</u> influenced by this." A program director adds, "Welfare allows young mothers to get their own apartments too early." Research confirms that the young mother who leaves home while she and her child are still young experiences a disproportionate number of problems.

Service providers are not only concerned about the negative effects of welfare policies. Many think that since the welfare system sees a large number of the most needy mothers, the system ought to be used as a source of recruitment for additional kinds of help. A nutritionist specializing in services to adolescents says, "It is easy to get teens to use WIC. They get something concrete. But the staff are so burdened with paperwork, they can't provide more help."

Some welfare departments are beginning to experiment with innovations in service delivery. In New York City, for example, all mothers receiving AFDC who apply for a separate household must see a social-services worker who can provide her with additional assistance and referral. The welfare department in a midwestern city has a program, now

in its sixteenth year, that serves about 650 girls and provides prenatal support with a short "after-care" program. A county department of social services mandates that all minors who are parents be referred to their Adolescent Parents Unit for assessment and follow-up.

Social Service Programs

A large proportion of traditional social-service agencies see pregnant and parenting teens. Typically they offer counseling, non-academic education, services for children such as adoption and foster care, and some emergency assistance. A number have established special programs or approaches to address their needs more adequately.

In the past, when the vast majority of unwed teens gave up their babies for adoption, many agencies also ran residences for these mothers and then arranged adoptions for their babies. Now, with the vast majority of unwed teens keeping their babies, there are few maternity homes for pregnant teenagers or alternative living arrangements for young mothers and their babies. Yet service providers repeatedly express concern about the housing problems of the neediest young mothers. A social worker observes that "housing problems make all other problems worse and hinder the proper utilization of services."

Both teens and service providers criticize social-service agencies for concentrating too much on counseling and education. One family-counseling center began a review of its services when a number of staff complained that they were doing "band-aid" work. They eventually decided to organize a comprehensive program that concentrates on concrete

help: each young parent is assigned to a counselor who provides individual attention and assistance in obtaining needed services.

Here are three programs using a social-service agency as a base:

-- A rural mental-health agency uses volunteer paraprofessionals who were teen mothers themselves to make weekly home visits to adolescent mothers and provide information about child development and community resources. The program aims to support teens in their day-to-day parenting roles and in their own personal development.

-- A YWCA uses an ingenious mix of public and private resources for its Pregnant Teen/Mothers Program. The program focuses on the mother's emotional, educational, and social development. Among the service provided are GED preparation, vocational assistance, an on-site infant and child-care center, well-baby care, counseling and assistance with obtaining additional services, and parenting education. The program targets dropouts and uses a multidisciplinary staff plus interns and volunteers. The director says, "We try to create a sense of community here and a feeling of family--the good family many of these kids never had. We believe that when these young parents feel fulfilled themselves they can be better parents."

-- A Teen Mother Program at a voluntary agency on the West Coast offers a structured, comprehensive program of basic health care, academic education and special classes in non-academic subjects, counseling and social services, employment assistance, and child care at a single site. This program sees sixty pregnant or parenting teens a term. A small number of male partners are also seen for counseling, "Men's Night" events, help with jobs, prenatal and/or parenting education, and referrals. Program participants are referred through an informal but well established system of linking, using primarily the public-health, welfare, and school systems. The school system is described as "exceedingly supportive." The health clinic is seen as "a good drawing card," as is the WIC program. Transportation assistance is available through a program van and free bus passes.

For the initial interview young women are encouraged

to bring a male partner who sees the "male advocate," a male staff member who offers support, information, and referral. At the intake interview the teen and counselor do a needs assessment. A service contract is drawn up and includes a contraceptive plan. The program uses a decision-making process from the moment the young mother walks in: "We want to empower them so they can eventually take care of themselves." Staff monitor service use and four times a year review the status of each project participant.

Clients can use services for two years. Also, the children's center takes a child up to twenty-four months old. Young mothers who are uninterested in school or who have graduated but require additional attention are monitored in a special outreach service.

Regular academic classes as well as classes in sexuality and child development are offered. A parenting class and practicum in the child-care center is required. A leadership group is optional. All classes emphasize practical information and values clarification.

The program director says, "We want to make these kids equal to their own peers. Also, we want to give them a vision that there is something out there besides being a mom."

Service Utilization

Service providers report that teens are slow to seek services and, once they make an initial contact, highly inconsistent in their use of services. In this sense, services are underutilized. Given limitations on resources and the complex problems presented by many young parents, however, many service operators feel they are scarcely able to meet the needs of their clients.

Service utilization is clearly influenced by service delivery patterns and procedures. For example, many service providers hypothesize that "teens fall through the cracks" after the birth of their child

because many special programs end at that time. A program director says, "We get them through the pregnancy crisis and they are ready to cope and then we don't provide them help with coping." Teen parents report that it is left to them to make the transition from pregnancy services to parent services. Young mothers have to be helped to use the services they need. One service provider says: "We have to offer incentives and rewards. These kids have what I call the 'Christmas syndrome.' They continue their pregnancies to get presents, the attention and goods a mother receives. We have to offer something at least as good, as satisfying."

Services for Families

A Visiting Nurse Association staff member says, "Fathers are left out of the maternity cycle." Her view is shared by many service providers who worry that teen pregnancy and parenting services have focused on the young woman to the neglect of other family members--especially the child's father and the young woman's family. Staff members understand that a young mother who has the support of her own family and perhaps even of the young father's family is likely to fare better as a parent. Many are also interested in strengthening the father-child relationship. Sometimes, however, these beliefs conflict with feelings of anger toward a father who is regarded as irresponsible or a family that is seen as neglectful. In addition, younger mothers are especially likely to lose contact with the baby's father. For these and other reasons, it is not surprising that most service providers, having limited resources, opt to

work most intensely with their primary client, the young mother, whose pregnancy gives her client-status in their eyes.

The personnel of most programs indicate that they are trying to provide some help for teen fathers and the teen parents' families. Few, however, see a significant number of fathers or other family members. Many programs are especially uncertain about what their involvement with young fathers should be, although whenever possible they try to locate the father and offer him counseling, information, and referral.

Only a handful of programs report success in attracting fathers, grandparents, or siblings. Some innovative programs have involved fathers by:

-- Hiring more male staff, thus making the service environment less woman-oriented;

-- Including young fathers or current male partners in counseling sessions, labor and delivery classes, post-pregnancy activities, and social gatherings;

-- Involving young fathers in child care and parenting education in an early-childhood center;

-- Providing young fathers with a setting in which to consider what they want as young men and as young fathers and to get the services they need: GED classes, health care, and employment assistance;

-- Seeking out young fathers on their own turf--the streets, male hangouts--and offering information and counseling;

-- Aggressively stressing the importance of the father-child bond except where the father is already estranged from the mother or where the father is an individual with severe personal problems;

-- Locating a teen-parent program in a center that has an established reputation for attracting young people of both sexes.

A few programs report success with involving grandparents through family counseling, potluck suppers, and special events designed to have family appeal.

Some service providers question whether program resources are best allocated toward extensively cultivating the involvement of males. Rather, they believe the same resources could be better used pursuing other program objectives.

Cost

There is great concern about the cost of services to pregnant and parenting teens. Studies have attempted to estimate costs and to develop cost-benefit ratios. Many experts believe that while special services are expensive, each dollar spent means equal or greater savings in future expenditures. Other experts argue that costs can be reduced by using current resources more imaginatively or by targeting teen parents in programs that already serve at-risk populations.

As they try to adopt new approaches or secure new sources of funding, service providers are especially eager for information about costs.

Funding

Funding is a serious issue for all service providers because it involves both their organizational livelihood and their programs' effectiveness. Most services for pregnant and parenting teens rely on multiple sources of funding for their services. Financial resources include resources of

the sponsoring institution, United Way funds, grants from groups like the Junior League, private contributions, foundation grants, client fees, third-party payments, and an enormous range of federal, state, and local government programs, including monies allocated through categorical programs established by the federal government and a few states for pregnant and parenting teens.

Most service providers are concerned about problems associated with multiple funding sources and the unpredictability of funding. One social worker reports that a school program in her community, called "Comprehensive Services for School-Aged Parents," receives monies from national, state, and local government programs and "has to cope with the worst of the three levels of stifling government bureaucracy." With fiscal retrenchment, many program operators are at a loss for ways to secure adequate and consistent funding for their work. Many program operators, as well as the administrators, program planners, and grants experts with whom they work, lack the know-how to establish and maintain a stable, long-term funding base by obtaining support in new ways.

Model programs often operate with demonstration grants and service providers everywhere complain about the problems associated with "the whims of funding sources," as one staff member puts it. Service providers report that demonstration projects are usually too short for adequate revision of the trial methodologies and for proper evaluation of a new program's impact.

Community Strategies

A large number of public and private agencies concerned with youth have

organized task forces to review the problems associated with teen pregnancies and to consider changes in their programming or services that would help address these problems. Increasingly such investigation and planning is taking place at the community level; many towns and cities have formed coalitions. While most of these are voluntary, some have obtained small grants to support their work.

Many states also have organizations focused on teenage pregnancy. For example, there is the Florida Alliance for Responsible Adolescent Parenting and the California Alliance Concerned with School-Aged Parents. The California Alliance publishes a newsletter eight times a year and sponsors a yearly conference. There is at least one strong regional group concerned with adolescent pregnancy, The Teenage Pregnancy and Parents Western Regional Education Committee, which describes itself as a loose confederacy of participating state organizations.

Recently a new national organization was formed: the National Organization on Adolescent Pregnancy and Parenting. The current president describes its goals as public and professional education, networking among member agencies, and advocacy.

AN ASSESSMENT OF SERVICES

Services for pregnant and parenting teens are like a bridge that many adolescents struggling with the demands of parenthood and growing up must cross if they are to move on into adult roles they can competently fill. Throughout this report there has been discussion of why many teens do not use services effectively: they are ignorant or only vaguely aware of special services they can use; they have difficulties organizing themselves to manage use of services; they have problems with transportation and child care; they have fantasies about being taken care of by their families, by boyfriends, or by welfare. Service providers, however, also do less than they could to enable teen parents to use services.

This assessment provides an analysis of the adequacy of service delivery. It draws upon the views of service providers, the findings of a number of studies and surveys done of services to teen parents, and my own conclusions.

Many and diverse services are available to pregnant and parenting teens. Some services are excellent. A number of small, innovative programs provide especially fine care. On the whole, however, services for young parents are weak: they serve only a small percentage of the eligible population; they are disproportionately focused on pregnancy and on crisis intervention; their quality is uneven and their effectiveness mixed; they are not well-coordinated with other services; and many aspects of service delivery limit their accessibility and usefulness.

Here, in greater detail, are some of the issues relevant to the adequacy of service delivery.

Service Availability

In general, most of the services listed on pages 21 and 22 of this report are offered somewhere in each community. Some, such as counseling, are offered so widely that service providers talk about "service duplication." The following services, however, are frequently cited as "gaps in service" because their availability is limited:

-- Formal infant care and child care;

-- Transitional housing and emergency shelters;

-- Medical care in communities where doctors or health institutions are reluctant to accept Medicaid or reduced-fee patients;

-- Meaningful help for fathers.

Availability does not mean usability. Many services are provided in a way that limits their appeal and accessibility. For instance, services are frequently concentrated in safer, more prosperous geographical areas that are convenient for professionals but far from many of the neediest clients.

As has been noted, many service providers report that the reduction in government spending for social services has caused the closing of components of some special innovative services. Even as this report was being written, services in general were becoming less available.

Service Accessibility

Barriers limiting service use that are often mentioned by consumers and by service providers include the following:

-- Service delivery requirements including fees, client age, gender, home location, hours, parental consent, frequency or duration of permitted service use;

-- Service delivery characteristics including service site, staff attitudes and interpretation of regulations, methods used to provide service components;

-- Client characteristics including lack of motivation, ignorance, or immaturity;

-- National, state, and local government policies including, for example, standards of eligibility for public benefits, reimbursement formulas, regulations for publicly-funded services;

-- Coordination of community resources including appropriate client referrals and linking.

Eligibility requirements and staff attitudes are seen as especially problematic. One program director notes that "Good people can make almost any program model successful." Another program director questions the use of the social-work model: "Being a teen parent doesn't mean you are a client." On the other hand, many service providers complain about the behavior of teen parents. "It's hard for our staff to work with this population. It's draining," says one nurse.

Service Attractiveness

Considerable effort has been expended on trying to make services for teens more appealing. Service providers have made changes in institutional decor and atmosphere, staff attitudes and attire, location and

hours, types of services, and methods of service delivery. While service providers everywhere report that teens have responded positively to most of these service improvements, no one is really sure which of these changes enhance service effectiveness and which are nice but unnecessary.

Service Appropriateness

Service providers and researchers note many mismatches between a service model or a service component and the target population. Some examples:

-- Service components frequently are not tailored for teen mothers of different ages. The director of a highly structured program notes, "Poor, younger mothers, like our service population, have trouble using a program model like ours."

-- Most programs intended to help young mothers concentrate on pregnancy and neglect the new parent.

-- Parenting information is often presented during pregnancy, when girls are more concerned about pregnancy, labor, and delivery.

Service Effectiveness

A number of demonstration projects have had a positive effect on a variety of outcomes, such as medical complications of childbearing, infant health, school enrollment or completion, reduced welfare dependency, parenting skills, and repeat pregnancy rate. Most studies have found it is easiest to affect medical consequences and hardest to affect the repeat pregnancy rate.

Most service providers, however, lack funds and expertise to do adequate service evaluations. In discussing service effectiveness, therefore, most cite such anecdotal evidence as testimonials from program participants and staff's observations of changes in clients' lives.

While many programs are highly enthusiastic about their innovations or best features, they lack hard data with which to prove their claims.

Service Improvements

The energy and thought that many service providers give to their work is impressive and moving. Most are interested in improving their services by using resources more efficiently and by increasing service utilization and effectiveness. However, there are a number of reasons--besides lack of money and bureaucratic inertia--why service providers do not do more to improve service delivery.

-- A significant portion of staff work time is occupied with consideration and discussion of program survival issues, rather than with meeting clients' needs;

-- Professional specialization makes interdisciplinary sharing of knowledge and experience difficult;

-- The application of research findings (or findings from evaluations of model programs) is too often left up to service providers who have neither the time nor, frequently, the training to do it.

-- Because few programs do adequate evaluation and because of the absence of uniform record-keeping and data collection, it is difficult to compare program results and methods of service delivery. One program planner says: "We are at a loss about whether to put our faith in staff, a new program model, trendy approaches, or tried-and-true service methods." As a result, service providers report feeling isolated. They fear "reinventing the wheel" because they do not know what others are doing. One program director says: "We want to know what works, at what cost, and how it was done. We want specific details. We are hungry for concrete information."

Problems With Services

The deficiencies in service delivery to pregnant and parenting teens may

be summarized as follows:

-- Services fail to identify the neediest young women and to get them involved in a comprehensive program that will continue to help them during the early years of parenthood. All young mothers use some formal services during their pregnancy. With the exception of welfare, a large number of services for young mothers end early in the postpartum period.

-- The number of programs that provide comprehensive care is insufficient. Employment preparation and job placement are especially weak.

-- Services are too female-oriented. Young fathers are usually not involved in childbirth preparation classes, labor or delivery, and parenting education.

-- The location of services and the number of service sites are not geared for teens. Teens are less able to get around on their own and less experienced with managing their own care; service fragmentation is thus especially burdensome for them.

-- Staff are not competent enough in engaging teens for sustained service use. Sometimes staff attitudes turn young parents off. Sometimes they get overwhelmed by the teens' problems or by their need to see a large number of teens to satisfy program requirements.

-- Services are often not designed to take the age of their target population into account. School-aged mothers have different needs than older teen mothers.

-- Education groups or classes in nonacademic subjects, such as parenting, nutrition, or family planning, are often dull or filled with technical terms. It is not surprising that many teens learn little and drop out.

-- Approaches to contraceptive services are inadequate. It is critical that new mothers learn to use such services effectively. Learning to contracept sucessfully is difficult even for adult women. Younger teens lack the experience, ease with their bodies, self-confidence with young men, and mature thinking processes to manage consistent use of contraception. They need intensive,

individualized care.

-- Community resources are not well coordinated. Turfdom and professional specialization keep service providers from working together.

-- Programs are too short for some teens. The amount that the most needy teen parents must learn is staggering. Many are outside mainstream American culture. They need time, role models, nurturing, and training if they are to acquire, for example, middle-class attitudes about and skills for employment--adequate skills in oral and written communication, a tolerance for frustration, and an ability to function with authority and rules.

-- Linking and referring too often means "passing the buck."

-- Services focus on quantity of contract more than quality of contact. At some point, in many programs, more is less. Research is being conducted that will try to assess optimum number of clients per staff member. This sort of information is needed.

-- Services tend to treat their clients either as children or as adults, not as adolescents.

-- Follow-up is weak and yet it is critical to give young parents extra support and to catch young people who backslide.

-- Service design is not especially sensitive to how learning takes place--incrementally, in small doses, with a need for repetition, practice, and mistakes. Service providers expect too much too soon from clients.

-- Services tend to focus on some teen needs while ignoring others. Welfare is a good example. The need for financial resources is met but the need for a long-range plan to develop economic self-sufficiency is neglected.

In conclusion, services for pregnant and parenting teens are most helpful for those teens who are relatively better off financially, socially, and psychologically, or who are highly motivated. Teens who

are less able intellectually or emotionally, who lack adequate support or appropriate encouragement from their families, or who marry and believe they can continue to count on their husbands' financial support are less likely to use services appropriately or effectively. It is this latter group of teens who disproportionately suffer the adverse effects associated with teen childbearing and who frequently become welfare-dependent.

To help these high-risk teens, communities must develop some structured, comprehensive programs of intensive, individualized care in a nurturing environment, for whatever duration is needed, with scheduled follow-up contact after formal service use ends. As one researcher remarks, however, "Programs for the younger, needier teens are time-consuming and expensive. Good programs are small programs." Therefore, to help the average teen parent, each community must develop better coordination of existing services. "Most teen parents have to learn how to use the system," says the researcher quoted above. "We need to keep them in the mainstream."

RECOMMENDATIONS

Drawing upon the suggestions of service providers and other experts in the field, as well as information gathered in this survey, I offer the following recommendations:

1. Improve recruitment of teen parents in need of services.

   -- Develop a model for identifying and tracking the neediest pregnant teens using the public assistance, education, social service, or medical systems. Provide these teens with intensive, comprehensive services.

2. Improve the organization of services to teen parents.

   -- Support community alliances or networks that focus on the effective use of community resources, coordinated client-care plans, reduction of barriers to service use, public and professional education, and client advocacy.

   -- Support continuing review of the provision of child-care assistance for young parents. Determine whether the standards for care must be altered to meet the special needs of teen parents. Increase the options for child care.

   -- Support the maintenance of educational alternatives for completing high school. Many pregnant and parenting teens need special programs, although such programs do not necessarily have to focus exclusively on them.

   -- Investigate possibilities for transitional housing arrangements. A cooperative, group residence with shared child care and with adult supervision is frequently advocated.

   -- Provide additional funding to some programs that have demonstrated a capacity to manage creatively and effectively such problems in service delivery as involving young fathers or the extended family. Refine the approach and publicize the findings.

   -- Serve younger teen parents--especially those of school age--differently than the older parents.

3. Improve technical assistance to service providers by supporting:

   -- National, state, and local coalitions.

-- Training staff in helping high-risk, sexually active, pregnant and parenting teens.

-- Guides or other materials to help service providers with

   a. staff education;

   b. the design, implementation, operation, and evaluation of programs.

-- Conferences that focus on:

   a. research utilization;

   b. reduction or elimination of service barriers;

   c. successful advocacy strategies (particularly emphasizing how to obtain a reallocation of public monies so pregnant and parenting teens may use resources not previously available to them or have priority for other resources).

-- Special projects by persons or organizations with established reputations for excellence in professional education and training.

4. Improve measures to help teen parents delay first births.

-- Continue to investigate incentives for pregnancy prevention.

-- Experiment with interventions that affect the social context in which young people make decisions.

-- The time around the onset of puberty is an especially vulnerable period for young people. Consider what junior high schools, youth organizations, and parents might offer to help teenagers make career choices, make appropriate decisions about sex, and delay parenthood until they are prepared for the responsibilities. Develop appealing and, where appropriate, learn-by-doing approaches. Be sure employment preparation receives appropriate stress for girls and pregnancy prevention for boys.

-- Experiment with family-planning services that are accessible, low-cost, confidential, and individualized with careful client monitoring. Provide aggressive outreach where appropriate.

-- Support public policies that encourage teens to postpone parenthood. For example:

a. promote and strengthen youth-employment assistance;

b. encourage small-scale experiments in welfare policy to determine if changes in eligibility requirements and in procedures lead to healthier patterns of service use.

5. Improve evaluation of program models. Publicize the findings.

-- Determine how comprehensive care is most effectively provided.

-- Identify unresolved issues in service delivery. Experiment with and evaluate innovative approaches. Consider such issues as: birth-planning education, transportation, contraceptive services, appropriate service use by teen parents, personal support for participants, values reinforced in the service delivery process, educational methodologies, number of service sites, target population, service procedures, coordinated client care (among two or more agencies), optimum caseloads for staff.

-- Support the development of uniform data collection so that program results can be compared.

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